

Entered -12-13-99 - sb
CL 99L0848 - GWENDOLYN BURNS

01-*R*-0386

CLAIM OF:

AMICA MUTUAL INSURANCE COMPANY
as subrogee of Joseph L. Finkelstein
P.O. Box 956609
Duluth, Georgia 30095-9511

For vehicular damages alleged to have been sustained from driving
over a manhole that was not properly covered on August 27, 1999
at 967 Eulalia Drive, NE & Roxboro Rod, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: 

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0848

Date: February 27, 2001

Claimant /Victim JOSEPH L. FINKELSTEIN
BY: (Atty) (Ins. Co.) AMICA MUTUAL INSURANCE COMPANY
Address: P.O. Box 956609, Duluth, Georgia 30095
Subrogation: X Claim for damages \$ 7,306.11 Bodily Injury \$ _____
Date of Notice: 12/1/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/27/99 Place: 967 Eulalia Drive, NE & Roxboro Road, NE
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained vehicular damage when he drove over a manhole in the roadway that had not been properly covered causing a road hazard. An investigation determined that an outside contractor performed work at the incident location. Claimant has been advised of this and his claim has been forwarded to the contractor for resolution.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

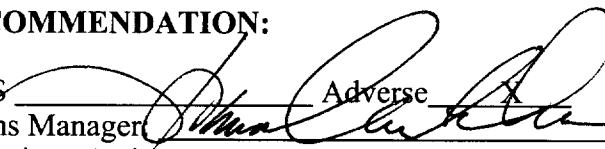
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR/GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse _____ Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager  Concur/date 03-01-01
Committee Action: _____ Council Action _____

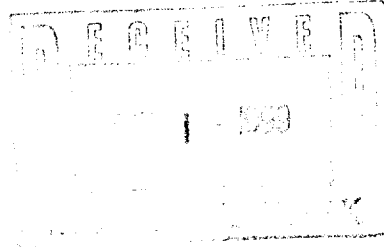
Amica Mutual Insurance Company
Amica Life Insurance Company
Amica General Agency, Inc.

LANTA REGIONAL OFFICE
3700 Crestwood Parkway NW, Suite 300
Duluth, Georgia 30096-8234
Mail: PO Box 956609, Duluth, GA 30095-9511

ENTERED - 12-13-99 - SB
99L0848 - MICHAEL REEVES

November 23, 1999

City of Atlanta-Claims Division
Municipal Clerk
City Hall
55 Trinity Avenue, S.W.
Atlanta, GA 30335-0332



Our File Number: L31199903635S
Our Insured: Joseph Larry Finkelstein
Date of Loss: August 27, 1999
Amount of Loss: \$7306.11

Gentlemen:

We are subrogated to the rights of our insured(s) due to the payment of a collision loss.

The amount of damage to our insured's vehicle is shown above. This amount includes both our loss and our insured's deductible.

Enclosed are copies of our supporting papers.

Your prompt action regarding payment would be appreciated.

Very truly yours,

Marilyn R. Cook
Claims Department
Amica Mutual Insurance Company

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